

Supplemental Application Data Sheet

Application Information

Application number::

Filing Date::

December 21, 2004

Application Type::

Utility

Subject Matter::

Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD disks::

Number of copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title::

OPTICAL FIBRE CATHETER PULSE
OXIMETER

Attorney Docket Number::

45852-P001WOUS

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

1

Total Drawing Sheets::

4

Small Entity?::

Latin Name::

Variety denomination name::

Petition included?::

Petition Type::

Licensed U.S. Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?::

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	GB
Status::	Full Capacity
Given Name::	Justin
Middle Name::	P.
Family Name::	Phillips
Name Suffix::	
City of Residence::	London
State or Province of Residence::	
Country of Residence::	GB
Street of mailing address::	Anaesthetic Laboratory, St. Bartholomew's Hospital
City of mailing address::	London
State or Province of mailing address::	
Country of mailing address::	GB
Postal or Zip Code of mailing address:	EC1A 7BE

* * * * *

Applicant Authority type:	Inventor
Primary Citizenship Country:	GB
Status:	Full Capacity
Given Name:	Richard
Middle Name:	M.
Family Name:	Langford
Name Suffix::	
City of Residence:	London
State or Province of Residence:	
Country of Residence::	GB
Street of mailing address::	Anaesthetic Laboratory, St. Bartholomew's Hospital
City of mailing address::	London
State or Province of mailing address::	

Country of mailing address:: GB
Postal or Zip Code of mailing address:: EC1A 7BE

Applicant Authority type:: Inventor
Primary Citizenship Country:: GB
Status: Full Capacity
Given Name:: Deric
Middle Name:: P.
Family Name:: Jones
Name Suffix::
City of Residence:: London
State or Province of Residence::
Country of Residence:: GB
Street of mailing address:: Department of Engineering, Queen Mary
University of London, Mile End Road
City of mailing address:: London
State or Province of mailing address::
Country of mailing address:: GB
Postal or Zip Code of mailing address:: E1 4NS

Applicant Authority type:: Inventor
Primary Citizenship Country:: CY
Status: Full Capacity
Given Name:: Panicos
Middle Name:: A.
Family Name:: Kyriacou ~~Kyriacou~~
Name Suffix::
City of Residence:: London
State or Province of Residence::
Country of Residence:: GB
Street of mailing address:: Department of Engineering, Queen Mary
University of London, Mile End Road
City of mailing address:: London

State or Province of mailing address::

Country of mailing address:: GB

Postal or Zip Code of mailing address:: E1 4NS

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Correspondence Information

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State or Province of mailing address:: TX

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Representative Designation:	Registration Number:	Representative Name:
Primary	36,706	Gloria L. Norberg
Associate	39,663	Henry L. Ehrlich
Associate	38,150	Ross Spencer Garsson
Associate	36,571	Kelly K. Kordzik
Associate	37,676	Carol Nielsen
Associate	47,159	Robert A. Voigt

Domestic Priority Information

Application:	Continuity Type:	Parent Application:	Parent Filing Date:

Foreign Priority Information

Country:	Application Number:	Filing Date:	Priority Claimed:
WO	PCT/GB2004/005358	December 21, 2004	YES
EP	03 258 132.4	December 22, 2003	YES

Assignee Information

Assignee name::

Street of mailing
Address::

City of mailing address:

State or Province of
mailing address:

Country of mailing
address:

Postal or Zip Code of
mailing address:

Austin_1\467690\1
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